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OCT 20 2006

Atty. Dkt. No. 029319-0201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jay A. Haines

Title: INFRARED REFLECTIVE WALL
PAINT

Appl. No.: 10/811,065

Filing Date: 3/26/2004

Examiner: Bashore, Alain

Art Unit: 1762

Conf. No.: 8080

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. <u>Vanessa E. Agha</u> (Printed Name) <u>Vanessa E. Agha</u> (Signature) <u>October 20, 2006</u> (Date of Deposit)

TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Supplemental Reply Under 37 CFR § 1.116 (7pages).

☒ Credit Card Payment Form

☒ The fee required for additional claims is calculated below:

	Claims		Extra		Additional	
	As	Previously	Claims		Claims	
	Amended	Paid For	Present	Rate	Fee	
Total Claims:	30	- 30	= 0	x \$50.00	=	\$0.00

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Independent Claims:	-	4	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:	+					\$360.00	=	\$0.00
CLAIMS FEE TOTAL						=		\$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$120.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$120.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$60.00
TOTAL FEE:		60.00

A credit card payment form in the amount of 60.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Atty. Dkt. No. 029319-0201

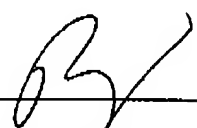
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: October 20, 2006

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By


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